FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90060 028 ***150.00

DOCUMENT

1. Corporation Name

RHICOUR	I DEVELOPMENT, INC.					
Principal Place	of Business	Mailing Address				
1522 SAND HOLLOW CT PALM HARBOR FL 34683 PALM HARBOR FL 34683						DO NOT WRITE IN THIS SPACE
•						3. Date Incorporated or Qualifed 10/14/1996
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-3409872 Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curren	Registered Agent				10. Name and Address of New Registered Agent
CIAN	ifrone, Joseph R			81	Name	
1968 BAYSHORE BLVD				82 Street Address (P.O. Box Number is Not Acceptable)		
DUNEDIN FL FL				83		
5014	EON4 FE I E			83		
	•			84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.0500 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change w	as authonz	ed by	the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if conficable	NOTE: Register	ed Agei	nt signature regu	uired when reinstating) DATE
organization, types of the state of the stat			13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELET	E 1.1	TITLE		Change Addition
NAME	FLAHERTY, BRIAN		1.2	NAME		
STREET ADDRESS	1522 SAND HOLLOW CT		1.3	STREE	TADDRESS	
CITY-ST-ZIP	TAKEN MARINE ST. CARROL		CITY-S			
TITLE	D	☐ DELET		TITLE		☐ Change ☐ Addition
NAME	COURNOYER, PIERRE		2.2	NAME		
STREET ADDRESS	1739 KENILWORTH DR	e de la companya de	23	STREE	TADDRESS	A second of the
	CLEARWATER FL 34616		I	CITY-S		·
CITY-ST-ZIP TITLE	OLEMINICATE O TOTO	☐ DELET		TITLE	, <u>2.</u>	☐ Change ☐ Addition
		_		NAME		·
NAME					TADORESS I	
STREET ADDRESS				CITY-	1	
CITY-ST-ZIP		☐ DELET		TITLE	31-2IF	☐ Change ☐ Addition
TITLE				NAME		
NAME					T ADDRESS	
STREET ADDRESS I			# 4. 3	SIKEE	MDDUC99	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged/or on an attachment with an address, with an other the empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Daytime Phone #

Change

☐ Change

Addition

☐ Addition